



OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine M. Connolly
Director of Public Health

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APPLICATION FOR A MASSAGE THERAPY LICENSE

Massage Therapist Information:

Your Name _____ Home Telephone _____

Home Address _____

Mailing Address _____

If different from home address

Social Security # _____ Date of Birth _____

Establishment Information:

Name of Establishment Where You Practice _____

Address _____ Telephone _____

Method Used to Sanitize Equipment _____

Method Used to Sanitize Linens _____

Hours You Operate _____ Manager's Name _____

Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) Satisfactory evidence of: having completed a 500 hour course of study in
Massage Therapy *or* having passed the National Certification Exam
- 3.) Proof of a skin test for tuberculosis within the last year
- 4.) \$50.00 fee made payable to the Town of Arlington

*I agree to follow all rules and regulations specified in the **Arlington Board of Health
Massage Therapy Regulations.***

Sign _____ Date _____